Under the Paperwork R	Muction Act of 1995, no pure T APPLICATION FE	ons are required to respond	U.S. Patient and 1 to a collection of br	Approved 6 frademark Off formation unit	or use five lice; U.S. O ms it dispte		0/58/06 (08-03) 0148 0651-0032 IF COMMERCE control number.	
	75075750							
	RT I (Column 2)	SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY			
FOR BASIC FEE (37 OFR 1.15(4))	NUMBER FILED	MAMBER EXTRA	RATE	FEE	ł	RATE	FEE	
TOTAL CLAMS D7 GFR 1.16(d)	5/ 10000 20 : 1		ļ	-	OR		8	
DIDEPENDENT CLASS -	5	KA	X3•		ОŖ	xs•		
MALTIPLE DEPENDENT CO	AIM PRESENT DICE	×5	<b></b>	OR	28			
"If the difference in column 1 is less than zero, enter "O" in column 2.								
OR IOTAL I								
12/15/04 CLAIMS AS AMENDED - PART II								

144.0						J		<del></del>	_ OR	+3	
ء در	" If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
lo	CLAIMS AS AMENDED - PART II										
	-4-	(Column 1)		(Column 2)	(Column 3)		SMALL ENTITY		OR	OTHE	R THAN
AMENDMENT #	D	CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOF.		RATE	ADDI-
Ž.	Total DECREMENT	51	Miras	57	•	U	-	FEE	1		FEE
E S	Independent pr CFR (, stp.)	5	Minus	-5	1.			<del> </del>	OR	× 5	<del> </del>
₹	FIRST PRESEN	STATION OF MALTINA	- COPPOR	~~~~			**	<del> </del>	OR	X 5	<del></del>
			-	Dil COM GIG	A 1.10(s))	1 1	+8 ·	<b> </b>	OR		
5-16-05 (Column 1) (Column 2) (Column 2)							ADOL FEE		<b>CR</b>	ADD'L FEE	
	3	CLAIMS		(Cotumn 2)	(Cotume 3)	4 /		,	•		
AMENDMENT (		REMAINING AFTER AMENDMENT		MUMBER PREVIOUSLY PAD FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
힐	CO CAN LANCE	51	Minue	1511			X 5 -	-166	-		FEE
剑	propunded profit Lugar	5	Minus	-5		ı		<del>  </del>	OR	X 5	<del> </del>
₹	FURST PRESENT	TATION OF MULTIPLE	PEPEO	DIT CLAMA DIT CH	R 1.18(5)	ŀ	+:	<b>  </b>	OR OR	* 3•	<del> </del>
9-12-05						•	TOTAL ADD'L FEE	<del></del>	OR OR	TOTAL	<b></b>
ı		(Column 1)		(Column 2)	(Column 3)				On.	ADO' FEE	
S Z		CLAIMS REMAINING AFTER		NIGHEST NUMBER PREVIOUSLY	PRESENT	ſ	RATE	ADDI-	-	RATE	A001-
AMENDMENT	Total	AMENDMENT	Minus	PAID FOR	-	ŀ		TOMAL	1		FEE
욹	DI CFR LIBER	2/	AGraes	21		L	X3e		OR	x1	
뿕ㅏ	DONTHO	-2		5		Ł	**		OR	4.5	
RRST PRESENTATION OF MOLTIPLE OEPENDENT CLAIM (ST GFR 1.1949)					Γ	+, .					
							TOTAL		OR	TOTAL	
•	If the entry in co	Amn 1 is less than	the entry	in cotumn 2. write '	** b. and ma. 9		ADD REE		OR	ADO'L FEE	

ADDL FEE OR ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "I" is column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (I THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (I Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1. 14. The information is required to obtain or retain a benefit by the public which is to like (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.1. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will very depending upon the individual case. Any comments on the same of the pariners of comments and the suppositions for reducing this burden, should be sent to the Chief Information Officer, U.S. Peters and Trademark Office, U.S. Department of Commence, p.O. Box 1450, Alexandria, VA 22313-1450, OO NOT SENO FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Peterts, P.O. Box 1450, Alexandria, VA 22313-1450.